

~ Application Form - 2025 ~

<u>Session 1</u> - Monday, July 7th - Friday, July 11th at Monomoy Regional High School

<u>Session 2</u> - Monday, July 14th - Friday July 18th at Monomoy Regional High School

<u>Session 3</u> - Monday, July 21st - Friday, July 25th at DY Regional High School

<u>Session 4</u> - Monday, July 28th - Friday, August 1st at DY Regional High School

Full Day 8:30am - 2:30pm - \$\frac{\$460}{} \rightarrow \times \times \times \text{Half-Day 8:30am - 12 Noon - }\frac{\$375}{}

FRIDAYS each week are a Half-Day for all Campers !!

Dismissal is at 12:30 after our Lunch/Cape Cod Creamery Ice Cream Celebration

Please Check one – <mark>Ses</mark>	sion 1 Session 2	<mark>Session 3</mark>	Session 4	
	FULL DAY or	HALF-DAY		
Name	Age _	Male	Female	
<mark>Ema</mark>	i <mark>l Address</mark>			
Mailing Address		City		
State	Zip Code	Phone _		
nsurance Carrier	<mark>T-S</mark>	<mark>hirt Size</mark> –		
Please enroll my son/daughte	r in your Mid-Cape Hoop School. I	understand that the Mor	omoy Regional & DY Regiona	

Please enroll my son/daughter in your Mid-Cape Hoop School. I understand that the Monomoy Regional & DY Regional School Districts, Mid-Cape Hoop School co-directors, staff or anyone associated with this camp will not assume responsibility for accidents and/or medical/dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health and able to participate in the physical activity of a vigorous program. I hereby authorize the camp directors to act for me according to their best judgment in any emergency requiring medical attention.

Parent's Signature	Date
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Please mail this form & your *non-refundable* deposit of \$100 payable to:

Mid-Cape Hoop School - c/o Bob Hamilton 40 Sheffield Road - West Yarmouth, MA 02673 suzham19@gmail.com - 508-394-4039

Build Your Future on a Firm Foundation